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Application Number	09/880,207
Filing Date	June 13, 2001
First Named Inventor	WILHELMUS H.A. BRULS
Group Art Unit	2821
Examiner Name	D. Rosario-Vasquez
Attorney Docket Number	PHNL 000345

REQUEST
FOR
CONTINUED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents
Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. **Submission required under 37 C.F.R. § 1.114**

    a. [X]   Previously submitted

        i. [X]   Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on __October 29, 2004__
           (Any unentered amendment(s) referred to above will be entered).

        ii. [ ]   Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

        iii. [ ]   Other_____

    b. [X]   Enclosed

        i. [ ]   Amendment/Reply

        ii. [ ]   Affidavit(s)/Declaration(s)

        iii. [ ]   Information Disclosure Statement (IDS)

        iv. [X]   Other__Assoc. Power of Attorney__   (may not be a brief)

2. **Miscellaneous**

    a. [ ]   Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117f)

    b. [ ]   Other_____

3. **Fees**

    a. [X]   The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Edward W. Goodman	Registration No. (Attorney/Agent)	28,613
Signature	*[signature]*	Date	December 7, 2004

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office to: Fax: 703-872-9306 on the date below:

Name (Print Type)	Burnett James		
Signature	*[signature]* Burnett James	Date	12/07/2004

09880207
00000001 141270
796.00 DA
01/28/2005 KDAVIS
01 FC:1801

09880207
00000002 141270
88.00 DA
01/28/2005 KDAVIS
01 FC:1201

* PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	16	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	16 minus 20=	* 0
INDEPENDENT CLAIMS	2 minus 3 =	* 6
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	710

* If the difference in column 1 is less than zero, enter "0" in column 2

10-29-04

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	• 16	Minus	** 20	= —
Independent	• 1	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	—
X40=		OR	X80=	88 00
+135=		OR	+270=	—
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	—

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	•	Minus	**	=
Independent	•	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	•	Minus	**	=
Independent	•	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.